TRA		EXPENSE CLAIM									Page	1 _of		ages		
STD. 262 (REV. 6/93) CLAIMANT'S NAME													EPARTMENT			
													Rehabilitation			
Anthony P. Sauer CB/ID NUMBER						DIVISION OR BUREAU						abilitatic	<u> </u>			
813-001-9785-001					E99		Director's Office									
<u> </u>						HEADQUARTERS ADDRESS							TELEPHONE	NUMBER		
OTT						721 Capitol Mall						07.475	(916) 5	58-5800		
CITY STATE ZIP CODE						Sacramento						STATE	0591			
MONTH	(1) YEAR	(0)	(4)	(5)	MEALS	Sacramer		(7)	TDAN	SPORTATION	ON.	CA	(0)	9581		
Dec	2009	(3) LOCATION	(4)	(5)	MEALS	O.T., L/T	(6)	(7) (A)	(B)	(C) TOLLS,	N	(D)	(8)	(9) TOTAL		
(2)	2000	WHERE EXPENSES	LODGING	BREAK-			INCIDEN-	COST OF	TYPE	CARFARE,	PRIVAT	E CAR USE	BUSINESS	EXPENSES		
DAY	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY		
		Sacramento to	1						PC		15	8.25				
6	1245	Ontario	93.92			18.00	6	то	Α			0.00		126.1		
		Ontario to														
7	2200	Sacramento		6.00		18.00			PC		15	8.25		62.2		
													ļ			
												0.00		0.0		
												0.00	ļ	0.00		
									1			0.00		0.00		
												0.00	ł	0.0		
									1			0.00		0.0		
												0.00	İ	0.0		
										ļ						
									-							
(10)		l														
SUBTOTALS 93.9			93.92	6.00	0.00	36.00	6.00	0.00)	0.00	30	16.50	0.00	188.4		
CLAIM	CODE (ACCTG. USE ONLY)														
	CLAIN	// TOTAL											\$	188.4		
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)												(12) NORMAL V	WORK HOURS			
												/42\ DDIV/ATE	/FUICLE LICE	ISE NUMBER		
	r's Office										-	(13) PRIVATE	VEHICLE LICER	NSE NUMBER		
Site Vis	sit to the I	nland Empire District Office.									•					
												(14) MILEAGE	RATE CLAIME	\$0.550		
											_			÷0.000		
											•		Y ACCOU			
											-		CE USE O			
	BY CERTIEY	That the above is a true statement of the trave	el expenses incurred	d by me in accor	rdance with DPA	rules in the son	rice of the State	of California If	a privately			FAID BY KEVO	LVING FUND CI	TECK NUMBER		
(15) HEPE		and if mileage rates exceed the minimum rate	, I certify that the co	st of operating t	the vehicle was e	equal to or greate										
owned vehi		rescribed by SAM Sections 0750, 0751, 0752	0753 and 0754 nei	rtaining to vehic	de safety and se	at belt usage.										
owned vehi met the req	uirements as p					(40) 0/01/	UDE OF OF	10ED 4555	W/IN/0 =	DAVE: ATT	DAY# :-	NIT	DATE			
owned vehi met the req				DATE		(16) SIGNATI	URE OF OFF	FICER APPRO	VING T	RAVEL AND	PAYME	NT	DATE			
owned vehi met the req	uirements as p							I signed					DATE			